HEADQUARTERS
MEDITERRANEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Surgeon
APO 512

13 April 1945

CIRCULAR LETTER NO. 14

I - RESCISSION OF PAR. 6b, SECTION XXX, CIRCULAR LETTER NO. 1.

Par. 6b, section XXX, Circular Letter No. 1, cs, is rescinded and the following substituted therefor:

b. Reports of proceedings will conform with the sample form attached. True copies of reports will be distributed as follows:

(1) Original to form a part of the patient's medical record.

(2) One carbon copy will be filed at the hospital.

(3) One carbon copy on all patients boarded class B (limited service) or class C (evacuation to zone of the Interior), will be forwarded direct to the first hospital unit which had treated the patient during the current period of hospitalization.

(4) One carbon copy will be forwarded through technical channels to the Surgeon, MTOUSA, APO 512.

II - AUTOPSY REPORTS.

One carbon copy of each autopsy report will be forwarded direct to the first hospital unit which had treated the patient during the current period of hospitalization.

III - REPORT OF VETERINARY MEAT AND DAIRY HYGIENE INSPECTION (WD MD Form 110).

1. Ice cream mixes, powdered and paste, will be recorded as ice cream and not as "Misc. dairy products".

2. Veterinary units inspecting the manufacture of ice cream will record the finished product as a Class 9 (In storage) inspection. Inspections incident to the manufacture of ice cream will be recorded in Column 9 (Remarks).

IV - PERIOD REPORTS, MEDICAL DEPARTMENT ACTIVITIES.

The following extract of Memo 40-45, War Department, dated 30 March 1945, is republished for the information and guidance of all concerned:

"2. The annual reports of Medical Department activities are important sources of information for Medical Department headquarters in the several theaters of operations and in the War Department. In addition, they constitute probably the most important source of Medical Department historical material. Thus, they will enable the Medical Department to comply with the wishes of President Roosevelt as expressed in his letter to the Director of the Bureau of the Budget, 25 January 1944:

> **** Soon after the war each agency should have ready a good final report that will sum up both what was accomplished and how the job was done.
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> ****
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> There is much to be gained from our wartime experience for improving administration in the future. I feel sure that a careful recording of this experience not only will help to win the war but also serve the needs of the post-war era.

"3. In addition, such reports are required when Medical Department units and installations are relieved from duty in any theater of operations for any cause prior to the close of the calendar year. If such reports are not furnished, valuable experience may be unrecorded and hence lost. They are provided for by paragraph 6, AR 40-1005, which directs that responsible medical officers "will forward to The Surgeon General through military channels after the close of each calendar year, or for a shorter period when so directed, a report of the activities during the period."

"4. Consequently, it is directed that reports be submitted by all medical units and installations for any period of service within the theater of less than a calendar year as well as for a full calendar year, prior to their being relieved from duty in the theater."

V - PERSONNEL - Medical disposition of noneffective personnel.

The following extract of Circular 81, War Department, dated 13 March 1945, is republished for the information and guidance of all concerned:

"2. Medical disposition.- a. The diagnosis of any type of psychoneurosis implies sickness and disability of some duration. It is not to be applied for reasons of expediency in order to effect a disposition. It will be applied only when its use is justified by the existence of a clinical picture which satisfies the criteria for psychoneurosis as established by good medical practice. The mere presence of psychoneurotic symptoms which do not significantly impair the individual's efficiency or the presence of a predisposition to psychoneurosis does not warrant the diagnosis of any type of a psychoneurosis. Such individuals if otherwise sound will be considered as having no disease.

b. The various types of psychoneurosis such as anxiety state, conversion hysteria, etc., are sufficiently well defined to justify their use without being

prefaced by the term "psychoneurosis". This term will therefore no longer be used on individual clinical records. Instead the particular type or types of psychoneuroses and the severity will be recorded as the diagnosis. In every case this will be followed by a statement of the degree and nature of the external stress which has precipitated the disorder and an estimate of the extent of the individual's predisposition.

c. The terms "operational fatigue" and "exhaustion" are acceptable as working diagnoses for psychiatric disorders incurred as a result of combat or other severe stress until a definitive diagnosis has been established.

d. The diagnosis of psychoneurosis of any type will not be entered on the WD AGO Form 38 or WD AGO Form 63 of any individual being separated from the service except under AR 615-361 unless the diagnosis has been established by a board of at least three medical officers, one of whom shall be a psychiatrist.

e. In determining disposition of cases, it must be clearly understood that there are many causes of noneffectiveness other than sickness. Among these are inaptness, inadaptability due to emotional instability, lack of physical stamina, misassignment, defective attitude, and unwillingness to expend effort. Those who are ineffective by reason of any of these causes will be disposed of administratively.

f. There has been a tendency to attribute noneffectiveness to coexistent medical defects such as flat feet, lumbo-sacral strain, or mild psychoneurosis when actually these defects were not in themselves significantly disabling and the primary cause of the noneffectiveness was nonmedical, e.g., inaptness, inadaptability, defective attitudes, etc. A medical defect does not in itself constitute adequate cause for medical discharge unless the defect in itself is genuinely disabling for military service.

g. It should be clearly recognized that the presence of any type of psychoneurosis should not lead automatically to separation from the service. Many individuals with psychoneurosis recover or even if not fully recovered are capable of performing full duty. The disposition should depend solely upon the degree of incapacity after adequate treatment. In itself a mild psychoneurosis of any type will not be considered adequate cause for disability discharge. When an individual is suffering from a psychoneurosis which is not incapacitating he will be returned to duty.

h. When after careful medical evaluation, including psychiatric examination, it is the medical opinion that an individual has a condition which warrants consideration for discharge under provision of AR 615-368 or AR 615-369, and no condition is present which warrants discharge for disability, a certificate to this effect will be executed and forwarded by the psychiatrist to the individual's commanding officer, through medical channels. The certificate will include a statement specifying and describing the nonmedical condition in detail. Coexisting medical defects which do not warrant medical discharge will not be mentioned.

"3. Utilization and prevention.- The majority of the factors which determine the mental health of military personnel are functions of command. In other words, the main job of preventive psychiatry must be done by commanding officers of the line. It is a responsibility of command to obtain maximum utilization of manpower

by providing proper incentive and motivation, and such reclassification, reassignment, rest, relaxation, and recreation as exigencies of the military service permit. The psychiatrist acts as adviser to the command. In training centers or in Army divisions as a member of the division surgeon's staff, he is to be regarded as having a staff function in advising the command on policies and procedures which affect mental health and morale. In certain divisions and in some commands there appear to be excellent morale and splendid accomplishment which are in part due to an ideal relationship between the psychiatrist, the surgeon, and the responsible officers of the commander. It is the responsibility of the psychiatrist to be alert to the situational factors which are precipitating psychiatric disorders and to recommend the measures necessary to alleviate or remove these factors. He should survey the training program from a psychiatric viewpoint, advise concerning schedules, the method of conditioning troops to battle situations, and adjustment to extremes in climate. He should pay close attention to such matters as the furlough policy and the handling of AWOL cases. Through collaboration with the personnel classification officer he should be able to prevent many psychiatric disorders by bringing a medical viewpoint to bear in the job assignment problems. He should be alert to evidence that troops are approaching the limit of their endurance and in need of rest. Equally, he should be alert to untoward effect of boredom from excessive idleness. He should advise other agencies which are important to the morale and mental health of the troops: the information and education officer, the chaplain, the Red Cross, and the special services officer."

FOR THE SURGEON:

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Colonel, M.C.,
Deputy Surgeon.

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